



## MNS UNIVERSITY OF AGRICULTURE, MULTAN (Registrar Office)

The Registrar,  
MNS University of Agriculture,  
Multan.

Subject: **REQUEST FOR ISSUANCE OF EXPERIENCE CERTIFICATE FOR  
WORKING IN RESEARCH PROJECT**

It is submitted that I have worked in the following project and need experience certificate.

### **Part A: Personal Details (Applicant)**

1.	Full Name	
2.	CNIC	
3.	Project Designation	
4.	Name of PI / PM / TL	
5.	Funding agency	
6.	Project Code	
7.	Project Title	
8.	Duration of Engagement (From - To)	
9.	Contact Number	
10.	Email Address	
11.	Purpose of Request	

### **Part B: Declaration by Applicant**

I hereby declare that the information provided above is accurate to the best of my knowledge. I am requesting the issuance of an Experience Certificate for the period served in the above-mentioned project. All relevant documents are also enclosed herewith. The experience certificate may kindly be issued.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_ / \_\_

**Part C: Endorsement by Principal Investigator (PI/PM/TL)**

I confirm that the applicant served under my supervision in the above-mentioned project

under duration from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Recommended ☐ Not Recommended

**Remarks (if any):**

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**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part D: Recommendation, ORIC Office**

☐ Recommended ☐ Not Recommended

**Remarks (if any):**

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**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature & Official Stamp** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Part E: Final Review and Processing (Registrar office Use Only)**

**Remarks (if any):**

**Date of Certificate Issuance:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Diary Number:** \_\_\_\_\_

**Processed By (Name & Signature):** \_\_\_\_\_